

For Department Use Only License # _____ Passed Exam Date _____ Effective Date _____ WS # _____	State of California Department of Insurance Bail Insurance License Application (Type or print clearly)	Attach <u>two</u> recent 1 1/4" x 1 1/4" Passport-Type Photographs
READ THE INSTRUCTIONS ON PAGE 5 BEFORE COMPLETING THIS APPLICATION.		
① LICENSE TYPE: (check the type [s] for which you are applying.): <input type="checkbox"/> BAIL PERMITTEE (BP) <input type="checkbox"/> BAIL AGENT (BA) <input type="checkbox"/> BAIL SOLICITOR (BS)		
② IDENTIFICATION INFORMATION: Height: _____ Weight: _____ Social Security Number (SSN)* ____ - ____ - ____ Eye Color: _____ Hair Color: _____		
③ Last Name	First Name	Full Middle Name
Suffix	④ <input type="checkbox"/> Male <input type="checkbox"/> Female	⑤ Date of Birth (month/day/year)
⑥ Resident Address (P.O. Box not acceptable)		⑦ City
		⑧ State
		⑨ Zip Code
⑩ Home Phone Number () -	⑪ Are you a citizen of the United States? (check one) (If No, you must supply a copy of both sides of your work authorization) <input type="checkbox"/> Yes <input type="checkbox"/> No	
⑫ Business Address (P.O. Box not acceptable.)		⑬ City
		⑭ State
		⑮ Zip Code
⑯ Business Phone Number () -	⑰ Cellular Phone Number () -	⑱ E-mail Address (required to self schedule)
⑲ Business Web Site Address		
⑳ Mailing Address (P. O. Box is acceptable)		㉑ City
		㉒ State
		㉓ Zip Code
㉔ <div style="border: 1px solid black; padding: 10px; text-align: center;">SPECIAL ACCOMMODATION REQUEST FOR EXAMINATION (In Compliance with The Americans with Disabilities Act)</div>		
Do you have a disability/impairment for which you may need assistance during the written examination(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, you are required to submit documentation from the medical authority or learning institution that rendered the diagnosis. Verification must be submitted, with the application on the letterhead of the authority or specialist, and include the following:		
<div style="border: 1px solid black; padding: 5px;"><ul style="list-style-type: none">▪ Description of the disability and limitations related to the testing▪ Recommended accommodation/modification▪ Name, title, and telephone number of the medical authority or specialist▪ Original Signature of the medical authority or specialist▪ Professional license or certification number of the medical authority or specialist</div>		
㉕ EXAMINATION INFORMATION:		
Do you wish to self schedule your examination online <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please complete the exam questions below) (If Yes, the department will notify you by email with instructions once your application has been processed)		
Desired Location ____ (LA) Los Angeles, (SD) San Diego, (SF) San Francisco, (SA) Sacramento, (CL) Clovis (usually the second and fourth Saturday). a.m. _____		
Desired Date _____ p.m. _____ If we are unable to provide you with the date selected, you will be scheduled the next available date.		
List any dates that you are not available: _____		

*Mandatory pursuant to Cal. Ins. Code, § 1666.5; Cal. Civil Code, § 1798.17; Cal. Family Code, § 17520(d); and Federal Privacy Act of 1974, §§7(a)(2)(B) and 7(b).

26 PERSONAL HISTORY

(A) Account for all time for the past five years. Give all employment experiences starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment, and full-time education. Attach separate sheet, if needed.

	From Month Year	To Month Year	Position Held
Name			
City State			
Name			
City State			
Name			
City State			
Name			
City State			

(B) If currently employed, will you continue this occupation after receiving the license for which this application is being made? ☐ Yes ☐ No

27 Do you now hold, or have you ever held any license/permit under which you engaged in any occupation? ☐ Yes ☐ No

Type of License	State or Province	Date License Held	Is License in Force?

28 AKA/ALIAS

Are you now using or have you ever used any name other than shown?

☐ Yes ☐ No

If yes, list names, dates and reason(s) used:

Last	First	Middle	Suffix	Dates Used	Reason Used

29 FICTITIOUS NAMES:

Do you intend to use a fictitious (DBA) name to conduct your bail business?

☐ Yes ☐ No

If YES, list the name: (This name must be approved by the Department prior to use.) _____

30 BAIL AGENT APPLICANTS ONLY:

(A) Will undertaking of bail be supplied to you through a general agent or other intermediaries?

☐ Yes ☐ No

If you answer YES, give the name of such person:

(B) Will you or anyone else make a deposit of money or thing of value to establish an initial reserve account for you?

☐ Yes ☐ No

If you answer YES, complete the following:

Describe the type of deposit (i.e., cash, securities, real property, etc.) _____

What is the value thereof? _____

With whom will such deposit be made? _____

By whom will such deposit be made? _____

31 Bail agent and/or permittee applicants only:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will any person, other than you, receive any income or remuneration from your bail business? (Exclude your employees, your employing bail agents/permittee, your general agent and the appointing surety.)					
Name			Resident Address		Interest or Affiliation
Last	First	Middle			

32 Bail permittee applicant only: Attach a detailed current financial statement listing the dollar amount of each of your assets, liabilities, and net worth, (i.e., personal property, real estate, savings, household furnishings, etc.).					
33 If applicant or applicant's employer is a partnership, complete the following: (Attach a separate sheet if more space is needed.) (A) PARTNERSHIP NAME: _____					
(B) Partners' Names			Bail License Number	If not licensed, list their functions/responsibilities within the partnership.	
Last	First	Middle			

34 If you answer yes to any of the following questions, attach a supplementary statement giving complete details with an original signature:					
A.	Are you now or have you ever been connected with a law enforcement agency?				<input type="checkbox"/> Yes <input type="checkbox"/> No
B.	Have you ever been named as a defendant in a civil suit?				<input type="checkbox"/> Yes <input type="checkbox"/> No
C.	Have you ever filed bankruptcy?				<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTICE: INFORMATION COLLECTION AND ACCESS

Section 1798.17 of the California Civil Code requires the following information to be provided when collecting information from individuals to determine compliance with the group and corporate practice provisions of the law, and to establish positive identification, to match the names of the certified list provided by the Department of Child Support Services to applicants and licensees, and of responding to requests for this information made by child support agencies.

AGENCY: Department of Insurance **ADDRESS:** 320 Capitol Mall, Sacramento, CA 95814-4309 **TELEPHONE NUMBER:** (800) 967-9331 or (916) 322-3555

TITLE OF OFFICIAL RESPONSIBLE FOR INFORMATION MAINTENANCE: Chief, Producer Licensing Bureau

AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION: California Insurance Code, Chapters 5, 6, 7, 8-Part 2, Division 1

THE CONSEQUENCES, IF ANY, OF NOT PROVIDING ALL OR PART OF THE REQUESTED INFORMATION: It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete.

THE PRINCIPAL PURPOSE(S) FOR WHICH THE INFORMATION IS TO BE USED: The information requested will be used to determine qualifications for licensure or certification, to determine compliance with the group and corporate practice provisions of the law and to establish positive identification.

EACH INDIVIDUAL HAS THE RIGHT TO REVIEW FILES MAINTAINED ON THEM BY THE AGENCY, UNLESS THE INFORMATION IS CLASSIFIED AS CONFIDENTIAL UNDER SECTION 1798.3(a) OF THE CIVIL CODE.

Background Information

35 The Applicant must read the following very carefully and answer every question:

Federal law (18 U.S.C. 1033) prohibits anyone who has been convicted of a felony involving dishonesty or a breach of trust or who has been convicted of **any** violation of 18 U.S.C. 1033 and 1034 from conducting the business of insurance unless they have obtained the written consent of the Insurance Commissioner. It is a violation of this statute to conduct business of insurance without the Commissioner's written consent. If you have been convicted of a felony involving dishonesty or a breach of trust or a violation of 18 U.S.C. 1033 and 1034, then you must attach a copy of this consent. **If you have not obtained this written consent you must do so prior to filing your application.**

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? (Please read definition of crime below before answering.) ☐ Yes ☐ No

"Crime" includes a misdemeanor, felony or a military offense. You may exclude juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, having had any charge dismissed or plea withdrawn pursuant to Penal Code Section 1203.4, or having been given probation, a suspended sentence or a fine.

If you answer **yes**, you must attach to this application: a) a written statement, with original signature, explaining the circumstances of each incident, b) a certified copy of the charging document, and c) a certified copy of the official document which demonstrates the conviction, resolution of the charges or any final judgment.

2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? ☐ Yes ☐ No

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer **yes**, you must attach to this application:

- a) a written statement, with original signature, identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you for any overdue monies by any insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? If you answer **yes**, submit a statement, with an original signature, summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy. ☐ Yes ☐ No

4. Have you ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? If you answer **yes**, identify the jurisdiction(s): _____ ☐ Yes ☐ No

5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? ☐ Yes ☐ No

If you answer **yes**, you must attach to this application: a) A written statement, with original signature, summarizing the details of each incident, a copy of the Petition, Complaint, or other document that commenced the lawsuit or arbitration, and b) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director ever had a surety agency contract or any other business relationship with a surety company terminated for any alleged misconduct? ☐ Yes ☐ No

If you answer **yes**, you must attach to this application: A written statement, with original signature, summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving a bail license, and copies of any relevant documents.

7. Have you ever had an unsatisfied judgment for more than 45 days arising from an undertaking of bail you executed on behalf of an insurer? ☐ Yes ☐ No

8. Do you currently owe or have you ever owed money to an insurer as a result of that insurer satisfying a summary judgment arising from an undertaking of bail executed by you or on your behalf? ☐ Yes ☐ No

9. Do you currently owe premium to an insurer that is overdue according to the premium payment requirements in your agreement with that insurer? ☐ Yes ☐ No

If you answer **yes** to questions 7, 8, or 9, please attach a detailed statement explaining the reason for your answer. Disclose whether you eventually paid the summary judgment, and whether you plan to pay any past due premium. Include *all* documents (for example, certified copy of court order of summary judgment, correspondence or past due invoice between you and a surety or general agent, proof of payment, etc.) you believe help explain the situation. If the Department needs to obtain additional documents or information that you do not provide, processing of your application will be delayed.

36 APPLICANT'S CERTIFICATION:

I DECLARE THAT I HAVE READ SECTIONS 2053 THROUGH 2104 OF TITLE 10 OF THE CALIFORNIA CODE OF REGULATIONS. I REPRESENT THAT THE HOLDING OF THE LICENSE HEREBY APPLIED FOR IS NOT INCOMPATIBLE WITH THE LAW, RULES OR REGULATION SO ANY FEDERAL, STATE, COUNTY, OR MUNICIPAL GOVERNMENT BY WHICH I AM CURRENTLY EMPLOYED (IF ANY) OR BY WHICH MY EMPLOYER OR I AM LICENSED (IF ANY).

I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE READ THE FOREGOING APPLICATION AND KNOW THE CONTENTS THEREOF AND THAT EACH STATEMENT HEREIN MADE IS FULL, TRUE, AND CORRECT AND I AGREE TO NOTIFY THE INSURANCE COMMISSIONER OF ANY CHANGE IN THE MATTERS SET FORTH IN THIS APPLICATION. I UNDERSTAND THAT PURSUANT TO SECTIONS 1668 (h) AND 1738 OF THE CALIFORNIA INSURANCE CODE ANY FALSE STATEMENT MAY SUBJECT MY APPLICATION TO DENIAL AND MAY SUBJECT MY LICENSE(S) TO SUSPENSION OR REVOCATION. FURTHER, PURSUANT TO INSURANCE CODE SECTIONS 1703 AND 1733, I AUTHORIZE DISCLOSURE TO THE INSURANCE COMMISSIONER OF ALL FINANCIAL INSTITUTION RECORDS OF ANY FIDUCIARY ACCOUNTS FOR THE DURATION OF THIS LICENSE.

ALL FEES ARE FILING FEES AND ARE NOT REFUNDABLE, WHETHER OR NOT THE APPLICATION IS ACTED UPON OR THE EXAMINATION TAKEN PER SECTION 1751.5 OF THE CALIFORNIA INSURANCE CODE.

APPLICANT'S SIGNATURE: _____ CITY _____ DATE _____

1. All entries, except signature, must be typed or printed clearly.
2. Application for license must be filed with the California Department of Insurance (CDI) promptly after being executed, and be completed in full, signed, dated and accompanied by all additional required fees and supplemental documents. Deficient filings will require an amendment and will result in processing delays.
3. All applicants are required to be fully knowledgeable in the rules and regulations governing bail bond transactions covered in Sections 2053 through 2104 of the extracts in the California Code of Regulations.
4. Bond coverage is required for all bail licenses.
5. **Forms Filing List:** Each bail agent or permittee applying for a license must provide a copy of the forms or documents which the licensee intends to use regularly or frequently in connection with his/her bail transactions [California Administrative Code, Section 2095(k)]. As each surety has previously filed such forms, the bail agent applicant's compliance with Section 2095(k) can be accomplished by filing a form list as provided by the surety. This signed list should accompany the application when it is filed with the CDI.

Note: Bail solicitors are exempt from this requirement as they will be utilizing their employer's forms in their transactions of bail.

6. A bail agent's and a permittee's license may be applied for at the same time by checking both appropriate boxes of section "1" of the application, in which case, only a permittee's bond is required. Also, if a currently licensed bail permittee is now applying for an agent's license, the permittee's bond on file will cover both licenses.
7. A bail Action Notice of Appointment (Form 437-23) from a surety company is required for a bail agent applicant. A separate filing fee is required for each subsequent appointment submitted with the application.
8. An Action Notice Statement (Form 438) from a bail agent or permittee is required for a bail solicitor applicant. If a bail solicitor applicant is to work for two or more bail licensees who are members of a partnership, a separate Action Notice Statement from each employer and an additional filing fee for each is required.
9. An Action Notice Statement (Form 438) from a bail agent or bail permittee is required when employing or terminating the employment of another licensed Bail Agent or Permittee.
10. All fictitious names must be approved by the CDI prior to use. Refer to California Code of Regulations 2066.4 for fictitious name filing requirements. If applying for a bail permittee's license, also refer to Sections 2094 and 2094.5.
11. **PRELICENSING EDUCATION REQUIREMENT:** Effective January 1, 1994, all new applicants must complete a minimum of 12 hours of approved classroom study.
12. A written examination administered by the CDI is required if examination qualifications have not already been met. Examinations are administered daily Monday through Friday at 8:30 a.m. to 1:00 p.m. in Los Angeles, San Francisco, San Diego and Sacramento, and twice monthly in Clovis, usually the second and fourth Saturday's of the month.

EXAMINATION INFORMATION: The qualifying examination consists of 50 questions based on:

- A) California Insurance Code Sections 35, 1733 and 1800 to 1823. (Local Library)
- B) California Code of Regulations, Title 10, Sections 2053 through 2104.
- C) California Penal Code, Section 1268 through 1319.5. (Local Library)

The CDI does not recommend any specific school, course or method of training to prepare for the bail examination.

13. Fingerprint impressions are required for all unlicensed applicants.
14. An applicant for license may not solicit, negotiate or transact bail until authorized to do so under an appropriate license issued by the CDI. After all filing requirements are submitted, the applicant will be notified if a personal interview by the CDI is required.
15. Mail application filing with fees to: CALIFORNIA DEPARTMENT OF INSURANCE
P.O. BOX 1139
SACRAMENTO, CA 95812-1139

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